

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 AM 9:25

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

FOEGE FOR CITIZENS #887

IMPORTANT: Indicate by # type of committee you are reporting for: 1  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

ROMAINE FOEGE

Political Party (if applicable)

DEMOCRATIC

Office Sought  
NONE

District (if Senate or House)

29

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>887</u>	
Logged in <u>S</u>	
Scanned	
Computer	
Audited	<u>7 pages</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]  
SIGNATURE OF PERSON FILING REPORT

(319) 895-6001  
TELEPHONE

1.18.09  
DATE SIGNED

I AM FILING A DECEMBER 31, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 27,945.90

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3,350.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 31,295.90

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

21,664.24

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 9,631.66

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

✓ YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

FOEGE FOR CITIZENS #887

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/2/08	ID# <b>000072769</b> CK# 1345	Roche Good Government Committee 304 Kingsland St. Nutley, NJ 07110		\$150.00	<input type="checkbox"/>
1/2/08	ID# CK# 2647	Kristine Warford 2004 Cambridge Dr. Coralville, IA 52241		50.00	<input type="checkbox"/>
1/3/08	ID# <b>6078</b> CK# 1666	Iowa Physical Therapy 8355 University Blvd. Suite K Clive, IA 50325		100.00	<input type="checkbox"/>
1/7/08	ID# <b>6444</b> CK# 1415	Great Plains Laborers District Council Iowa 5806 Meredith Dr. Suite B Des Moines, IA 50322		300.00	<input type="checkbox"/>
1/4/08	ID# <b>9762</b> CK# 1006	Iowa Psychiatric Society 2643 Beaver Ave. Des Moines, IA 50310		100.00	<input type="checkbox"/>
1/8/08	ID# CK# 3629	William Leaver 3280 Camp Creek Rd. Lynn Center, IL 61262		1000.00	<input type="checkbox"/>
1/18/08	ID# <b>9698</b> CK# 629	IAAMB PAC 4949 Westown Pkwy Ste. 165-111 W. Des Moines, IA 50266		150.00	<input type="checkbox"/>
1/2/08	ID# <b>9737</b> CK# 1072	Iowa Harness Horseman's Association P.O. Box 107 Grinnell, IA 50112		150.00	<input type="checkbox"/>
1/28/08	ID# CK# 15441	Leila Carlson 2014 39th St. Des Moines, IA 50310		50.00	<input type="checkbox"/>
2/1/08	ID# CK# 5792	Lee Birchansky 2635 Granite Ct. NE Cedar Rapids, IA 52402		1000.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3050.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

FOEGE FOR CITIZENS #887

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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1/10/08	ID# CK# 1049	Stephanie Johnson 1945 Andrews Dr. Pleasant Hill, IA 50327		\$50.00	<input type="checkbox"/>
1/10/08	ID# CK# 2937	Jeffrey Lindeman 302 Linden Ter. SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
1/10/08	ID# CK# 3717	Anne Gruenewald 1412 Arthur Dr. Ames, IA 50010		50.00	<input type="checkbox"/>
1/10/08	ID# CK# 8556	Laura Olander 1125 Briarstone Dr. Mason City, IA 50401		5.00	<input type="checkbox"/>
1/10/08	ID# CK# 6975	Jean McAleer 307 Lakeview Dr. Mason City, IA 50401		20.00	<input type="checkbox"/>
1/10/08	ID# CK# 1788	Elizabeth Plumb 811 7th St. Harlan, IA 51537		20.00	<input type="checkbox"/>
1/10/08	ID# CK# 11793	Thomas Lazio 2301 N Court St. Ottumwa, IA 52501		25.00	<input type="checkbox"/>
1/10/08	ID# CK# 3447	Jody Wiseman 121 6th St. N Rockwell, IA 50469		5.00	<input type="checkbox"/>
1/10/08	ID# CK# 5965	Peg Armond 501 Birch Ave. Eldora, IA 50627		10.00	<input type="checkbox"/>
1/10/08	ID# CK# 4542	M. Margaret Stoltzfus 1214 2nd St. S Oskaloosa, IA 52577		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 245.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

FOEGE FOR CITIZENS #887

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/10/08	ID# CK# 5609	Michelle Herman Box 8 New Providence, IA 50206		\$10.00	<input type="checkbox"/>
1/10/08	ID# CK# 8357	Douglas Smit 307 5th St. Ireton, IA 51027		15.00	<input type="checkbox"/>
1/10/08	ID# CK# 1514	Sandy Johnson 106 5th Ave. Council Bluffs, IA 51503		15.00	<input type="checkbox"/>
1/10/08	ID# CK# 5760	Carol Wood 245 Glenridge Circle Council Bluffs, IA 51503		15.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 55.00	
TOTAL (if last page of this schedule)				\$3,350.00	

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Page 3 of 3  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Foote for Citizens #887

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-31-08	ID# CK# 680	Kevin M. Kelly PO Box 11158 Cedar Rapids, IA 52410	3 mos. web hosting	\$ 30.00
2-2-08	ID# CK# 681	Truman Fund 5661 Fleur Drive Des Moines, IA 50321	Contribution	10,000.00
2-2-08	ID# CK# 682	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	VAN Fund	1,000.00
2-2-08	ID# CK# 683	Friedman Associates One Knollwood Lane Iowa City, IA 52245	Consulting	595.00
3-7-08	ID# CK# 684	Friedman Associates One Knollwood Lane Iowa City, IA 52245	Consulting	320.00
4-2-08	ID# CK# 685	Friedman Associates One Knollwood Lane Iowa City, IA 52245	Consulting	400.00
5-1-08	ID# CK# 686	Kevin M. Kelly PO Box 11158 Cedar Rapids, IA	3 mos. web hosting	85.00
5-1-08	ID# CK# 687	Friedman Associates One Knollwood Lane Iowa City, IA 52245	Consulting	300.00
SUB-TOTAL				\$ 12,730.00
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Foerge for Citizens #887

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7.8.08	ID# CK# 688	Neal's Water Conditioning PO Box 154 Mt. Vernon, IA 52314	Storage Rental	\$ 534.24
9.5.08	ID# CK# 689	Truman Furd 5661 Fleur Drive Des Moines, IA 50321	Contribution	8,000.00
10.1.08	ID# CK# 690	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Jefferson Jackson Dinner	400.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 8934.24
TOTAL (if last page of this schedule)				\$ 21,664.24

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

**FOR INSTRUCTIONS, SEE BACK OF FORM**

**COMMITTEE NAME**(Must be same as on Statement of Organization)

FOEGE FOR CITIZENS #887

**SCHEDULE**

**G**

(Rev. 02/08)

### BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT

☐ CHECK THIS BOX IF  
AMENDING FORM

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant

**MELANIE FRIEDMAN**

**Mailing Address**

ONE KNOLLWOOD LANE

City

**State**

**Zip Code**

IOWA CITY, IA 52245

**CONTRACT PERIOD (MM/DD/YR)****TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE**

**From** 01/01/08

To 05/31/08

• 2,000.00

### ESTIMATES OF PERFORMANCE

TO PROVIDE POLITICAL CONSULTATION SERVICES AS NEEDED  
INCLUDING REIMBURSEMENT FOR OUT OF POCKET EXPENSES  
INCURRED.

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)				NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE		PURPOSE		AMOUNT EXPENDED	
									\$
								SUB-TOTAL	\$
								TOTAL (If last page of this schedule)	\$